>> Hello, and welcome to Funding
Opportunity Announcement PS15-1502:

Comprehensive High-Impact HIV Prevention
Projects for Community-Based Organizations.

My name's Renee [phonetic] Ellington,
and I serve as the program lead

for community-based organization
initiatives in the prevention program branch

within the division of HIV/AIDS prevention.

Today's presentation will provide an
in-depth overview of the programmatic

and technical requirements associated
with PS15-1502, and also, as a side note,

this is the same presentation that was provided
during the face-to-face pre-application

technical assistance workshops that, that have
been held over the course of the last few weeks.

Because this information is filled
with so much detailed information,

this recording will separate
the presentation in two parts.

Just to make it a little bit easier for
you to view and listen to the information,

develop your questions that you will during
the pre-application webinar conference call.

[ Background Sounds ]

The purpose of 15-1502 is
to implement comprehensive,

high-impact HIV prevention programs that
really focus on reducing morbidity, mortality,

and other related health disparities.

1502 focuses on reducing new infections,

increasing access to care,
and promoting health equity.

Ultimately, the goal of 15-1502 is to help,

is to help enhance community-based
organization capacity to increase HIV testing,

but increasing, but, excuse me,
while increasing HIV testing,

focusing on linking HIV positive persons to
HIV medical care, and increasing referrals

to partner services, while also providing
prevention and essential support services

for HIV positive persons and high-risk HIV
negative persons with unknown or, excuse me,

providing prevention and essential
support services for HIV positive persons

and high-risk persons with
unknown or negative status.

So prior to getting into
the details of PS15-1502,

we wanted to talk about the partner
engagement activities that really help

to inform the development of this FOA.

So in September of 2012, CDC hosted a
[inaudible] think tank that really focused

on what is the future role of community-based
organizations and HIV prevention?

This meeting was called because
there had been so many changes in,

in the landscape of HIV prevention, but also
in the healthcare system that we really wanted

to focus on how to further or better define
the roles of CBO's in HIV prevention,

given the release of the national HIV/AIDS
strategy and high-impact prevention.

Of course, we know that there is a
role for community-based organizations

and HIV prevention, but, again, we wanted
to focus on what CBO's do really well,

and how focused on these activities
would further support the implementation

of high-impact prevention, but also the HIV care
continuum and focusing on those activities that,

towards the left side of the continuum, that
being HIV testing or diagnosis, linkage,

reengagement, and retention in care.

So, with the CBO think tank being the first
activity, we then move towards our internal

and external partner engagement activities.

Externally, we held conference calls,
focusing on very specific topic areas

with health departments,
community-based organizations,

capacity-building [inaudible] providers, as
well as our national partners to gain input

into what our CBO program look like, what were
some of the lessons learned from past programs,

and how we could enhance our
community-based organization efforts.

In addition, there were internal think tanks
across the national center, because, again,

we wanted to focus on maximizing our
resources, but also maximizing our reach.

And in that maximizing of our reach, we wanted
to make sure there was a coordinated effort

across the various areas of, specialty
areas, such as HIV prevention,

STD, tuberculosis, and hepatitis.

So we did work very closely with the divisions

within the national center
to also obtain their input.

We also did conference calls with other
federal agencies to ensure that our,

all the federal agencies were on
the same page, but also to under,

to ensure that we each understood
what the responsibilities

or activities were associated
with, with each program

and how we could better collaborate
across federal partner agencies.

So moving forward, the next couple of slides
will really talk about the background,

or provide some background
information for PS15-1502.

PS15-1502 is reflective of the emerging

of two community-based organization
funding opportunity announcements.

The first is our national CBO flagship
FOA, which some may know as PS10-1003.

This project is on a five-year projecting
period, which is scheduled to end June 30th,

30th of 2015, and we currently fund
131 CBO's across the United States.

This program has an approximate
annual budget of 40.6 million dollars.

The second FOA is our smallest, smallest of
our three CBO FOA's, which is our FOA for CBO's

in the commonwealth of Puerto Rico and the
U.S. Virgin Islands, also known as PS13-1310.

This FOA is on a project period
from July 1, 2013 through June 30th,

2015, and we currently fund 8 CBO's.

Six community-based organizations in Puerto Rico

and two community-based organizations
in the U.S. Virgin Islands.

And this FOA is approximately
1.7 million dollars annually.

Together, we will be merging these
two FOA's to create PS15-1502.

So, with 1502, of course,
we take lessons learned

from our prior CBO funding opportunity
announcements, but also the changes in the,

in the landscape of HIV prevention, to
really focus on what are key enhancements,

what direction does CDC want
to go with this new program?

So 15-1502 really has an increased
focus on targeted HIV testing,

as all of our past CBO FOA's have done.

But there's also an increased
focus on linkage to, reengagement,

and retention in HIV medical care.

Also, although we've always focused on HIV
positive, or individuals who are HIV positive,

this FOA specifically focuses on prevention
services for HIV positive individuals, again,

focusing on, on activities that optimize
outcomes along the HIV care continuum, again,

really focusing on the left
side of the HIV care continuum.

We've also looked at strategies that
have the greatest potential impact

on HIV prevention in the United States.

While this FOA provides a very specific,
specific framework of the program requirements

for 15-1502, it also allows
community-based organizations some flexibility

in developing HIV prevention programs that
are responsive to the HIV prevention needs

within their respective jurisdictions, and
allows organizations to tailor those programs

to compliment the HIV prevention
efforts within their jurisdiction.

I also want to note that our
community-based programs are not meant

to be stand-alone programs, they should
always complement the overall prevention,

HIV prevention efforts in the jurisdiction,
and should be directly responsive

to the health department jurisdiction,
jurisdictional HIV prevention plan.

A few more additional enhancements.

We, we are very specific on guidance,
we provide a very specific guidance

to support integrated screening activities.

In the past, we, in our past CBO
FOA's, we've allowed for organizations

to utilize a certain percentage of their funding
to support integrated screening activities,

but we wanted to be very specific,
and what our CDC's expectations were,

if you choose to utilize funds to
support integrated screening activities.

There's also an increased focus
on well-defined expectations

for establishing formalized
collaborations of partnerships.

Again, building upon the goals of the national
HIV/AIDS strategy and increased coordination

and collaboration, but maximizing resources

to make sure we have the most
comprehensive HIV prevention programs

within the respective jurisdictions, and
then, finally, this FOA includes enhancements

to the FOA performance targets that specifically
focus on the number of new HIV infections, and,

and by doing so, we looked at increased
standardization across all of our DHAP FOA's

and with the national indicators.

So this slide reflects the award information,
of course, 15-1502 is fiscal year 2015 funds.

It's a total approximate annual funding amount
of 42.3 million years, and CDC is looking

to award up to 100 cooperative agreements.

And we'll talk a little bit more in
greater detail later in the presentation

about the individual, CBO's applying
as an individual applicant or as part

of a CBO HIV prevention partnership, but
here you see that the floor for organizations

that apply as an individual CBO is 350,000
dollars and the ceiling is 450,000 dollars,

and if organizations choose to apply
to the CBO HIV prevention partnership,

the floor is 700,000 dollars and
the ceiling is 1 million dollars.

The budget period is 12 months and the project
period is a 5-year project period beginning July

1st, 2015 through June 30th,
2020, and of course all

of our funding is based upon
the availability of funds.

So the next few slides we'll
talk about eligibility.

If you also please view the presentation
provided by the procurement [phonetic]

of grants office, Rita Johnson, there's
some more detailed information related

to eligibility in that presentation.

Applicants must meet all of the requirements
listed in the eligibility information section

of the funding opportunity announcement.

This presentation is meant to serve
as a resource and as a compliment

to the funding opportunity announcement,
but in no way supersedes the information

that is contained within the FOA.

So eligibility is limited to non-profit
organizations with 501(c)(3) status other

than institutions of higher education.

The next few bullets provide examples
of these type of organizations,

so community-based organizations,
faith-based organizations,

American Indian/Alaskan native tribally
designated organizations, and hospitals.

Again, these are examples,
the most important point being

that eligible organizations must be
501(c)(3) IRS status, and that's public

or private non-profit organizations.

Additionally, eligible organizations
must be located in and provide services

in the eligible MSAs listed within
the funding opportunity announcement.

These MSAs were identified based upon having
a minimum of 150 HIV diagnoses in 2011,

and if you look within your FOA, directly
below the table that contains the list

of eligible MSAs, you'll find a link that will
take you directly to the surveillance report

and the table in which this
information can be found.

Because, as I mentioned earlier, because we are
merging two FOAs, specifically the flagship FOA

and the FOA that we currently fund
our organizations in Puerto Rico

and the U.S. Virgin Islands, all
organizations that are, that are located in

and provide services in Puerto Rico and the
U.S. Virgin Islands, are eligible to apply

for funding, and the MSA, the minimum
diagnoses per MSA is not applicable.

Again, all organizations that are, reside
in or provide services in Puerto Rico

and U.S. Virgin Islands are eligible
to apply for funding under 15-1502,

provided they are 501(c)(3)
non-profit organizations.

This table simply contains a list

of the eligible metropolitans
to the fiscal areas, or MSAs.

This is the same table that is included
within your funding opportunity announcement.

I would like to make a note that there,

an amendment to the funding opportunities
announcement will be published,

and that will just provide a brief overview,
there are some minor, minor clarifications

that we did want to make within the amendments,

but the most two important amendments were
related to eligibility, we inadvertently,

within the New York, Pennsylvania, New Jersey
MSA, we inadvertently left off one of the,

the divisions, and that is the Newark division.

So, again, within the New York, Pennsylvania,
New Jersey MSA, the amended FOA will include

and specifically list the Newark Division
as the fourth division within that MSA.

Additionally, in the FOA, it will be amended,
currently the FOA includes the MSA for San Juan,

however, again, given that we are merging
13-1310 into the national CBO flagship FOA,

we are opening eligibility to all
organizations in Puerto Rico regardless

of where on the island they reside.

So that amendment will change from San Juan MSA to the entire island of Puerto Rico.

Okay, this next slide contains with eligibility.

But given that this is the first time that we've used or focused on MSAs

for our national flagship FOA, we wanted to incorporate a few scenario slides

to make sure everyone was clear on how to, how to determine if their organization was eligible,

was located in the eligible area.

So the scenario reads as follow: is CBO "A", located in Duluth, Georgia,

eligible for funding under PS15-1502?

So the first question that you ask yourself is, what MSA might Duluth, Georgia be located in?

We would first look at the list of eligible 1502 MSA's in the funding opportunity announcement,

and we would see that it's possibly located

in the Atlanta-Sandy Springs, Marietta, Georgia MSA.

Once we've identified the MSA that the CBO might possibly be located in,

the next question we would ask is what county is Duluth, Georgia located in?

For those of us from, who live in Georgia, we know that Duluth,

Georgia is located in Gwinnett County.

It's important to identify the county that your organization is located in because

that will be able to better assist you
in determining if that county is a part

of the eligible MSA and you'll see
shortly when I move to the next slide.

So once we've identified the country, the third
question is what cities or counties are included

in the Atlanta-Sandy Springs-Marietta,
Georgia MSA?

Within the FOA, there is a, a link
directly below the eligibility table,

that allows you to click on it once you
click on this link, it brings up a document,

within that document, we want to
specifically refer you to list number two,

which starts on page, oh, well excuse me, well
list number 2, and this information can be found

on page 38 of the funding
opportunity announcement.

So once you open, you click on that
link, and you open that document,

you see that you look alphabetically
for the name of the MSA,

we see that the Atlanta-Sandy Springs MSA,
and below that it has the principle cities.

So again, you still may not know that your
organization is eligible for funding, because,

in this case, Duluth, Georgia is not listed.

So then you look for the county, which
is why it's very important to look

and to determine based by the county
where your organization is listed.

Once you look for the county, if you
go to the third row down to the end,

you see that Gwinnett County is a,
a county located within this MSA.

So then we didn't, we then know
that CBO "A" is eligible for funding

because it is located in Gwinnett County.

We want to continue with eligibility.

The following institutes are not eligible
for funding and may not serve as a member

of the CBO HIV prevention partnership, or as a
contractor to the lead applicant organization.

State and local government, which, which,
excuse me, which includes your state

and local health departments, as well
as institutions of higher education.

So, again, these entities are not eligible to
apply for funding under 1502, but may also,

may not serve as a member of a
CBO HIV prevention partnership

or as a contractor to the lead organization.

If the application is incomplete or
non-responsive to the requirements listed

in the eligibility information section,

the application will not be
entered into the review process.

It's critically important that you
follow the guidance as it is spelled

out within the funding opportunity
announcement to make sure

that your application is
considered eligible and to make sure

that your application will not
be considered non-responsive.

All organizations will be notified if
their application did not meet the stated

or documented submission requirements.

Non-responsive applications,
that includes late applications.

All applications submitted after
the due date of November 14th, 2014,

at 11:59 p.m. eastern standard
time, are considered to be late,

and will be deemed non-responsive.

Please make sure to refer to the
eligibility information section

within your FOA for additional information.

Additionally, applications with narrative
sections that exceed the page limit, excuse me,

for applications with narrative sections that
exceed the page limit, only the first pages are,

are currently included in the
page limit will be reviewed.

So, for example, the project
narrative has a maximum of 30 pages.

If your project narrative is 40
pages, only the first 30 pages

of that narrative will be reviewed, and only the
information contained in those first 30 pages

of your narrative will be considered
in, in the scorings of your application.

Additionally, for the work plan, the
work plan has a maximum of 10 pages,

and this is an addition to the page limit
for your project narratives, but again,

if you submit a work plan that is more
than the maximum allotted pages, those,

all those additional pages will not be reviewed.

The direct and primary recipient

in a cooperative agreement must
perform a substantial role in carrying

out project outcomes, and cannot merely
serve as a con, conduit for an award

to another party or provider who is ineligible.

So basically what we're saying is that
all organizations that apply for funding

or that will receive funding as a
contractor or as a CBO partnership member,

must meet the eligibility requirements
stated on the previous slides.

If an organization does not meet the
eligibility requirements, they are not eligible

to receive funding from another organization.

Okay? And additionally, a cooperative agreement
will provide for substantial involvement by CDC,

which means that we work collaboratively
with organizations in the development

and implementation of your programs.

Eligibility continued, all applicants must
document services to the target population

by submitting the following
documents, and, again, these documents,

a list of these documents, and,
and the requirements are contained

within your funding opportunity
announcement, but you must submit,

the lead application organization
must submit the proposed tar,

a completed proposed target
population worksheet.

That document or this document only needs to be
submitted for the lead applicant organization,

the organization that is
submitting the application.

Historical data table, we want to
make sure that, we want to see the,

the clients that you have historically
served in the past 24 months, again,

this document should be submitted based
upon the lead applicant organization,

the organization that is actually submitting
their application via grants.gov to CDC.

And then also you must provide evidence
of HIV prevention or care services

for the past 24 months, and within the FOA,
there are examples that can, that you can submit

to show that you have provided these
services for the past 24 months.

Applicants must share their enhanced HIV
testing plans with their health department,

and must submit the following
required HIV testing documentation.

The Health Department Agreement for HIV
Testing/Partner Services Letter of Support.

Again, this must be submitted
with your application.

If your application is submitted
without any of these required documents,

it will be deemed non-responsive and will
not move past the eligibility review process.

Within the, the Health Department
Agreement for HIV Testing/Partner Services,

there's a statement that
asks, does state regulation

or policy require the HIV testing program
have physician [phonetic] oversight?

If the health department, health
department indicates yes, there's,

is an existing regulation or policy,
they would indicate so in there,

in the HIV testing partner services
letter of support, and then, in that case,

CDC will then look to make sure that you have in
a letter, a letter of intent from a physician.

If a health department says no, that
physician oversight is not required,

well then we will not expect to see a completed
letter of intent from a physician, okay?

You must also include the health department
letter of support, all of these documents,

if you go to the 15-1502 website, there
are templates for all of these documents,

it can be completed and then your
health department jurisdiction,

or whomever's completing the health department
jurisdiction or if you need a letter of intent

or require a physician oversight, they can then
pate this information into their letterhead

and provide it to you to
submit with your application.

And if you are planning to
rapid testing, then, of course,

you must submit a current
CLIA certificate, and, again,

this is only for conducting rapid testing,

and the CLIA certificate must be
current at, at the time of submission.

So if you submit on November 14th and your
CLIA certificate expires on November 13th,

you are strongly encouraged to
initiate the process so that

when you submit your application,
you are submitting a CLIA certificate

that is current at the time of submission.

Organizations must also provide at least
three letters of support from organizations

that serve this proposed target
population and organizations

that are located within the community.

Examples of these organizations
would be civic, non-profit,

business, or faith-based organizations.

Again, when you read the FOA, it tells you how
to name these files and where to attach them

when you are uploading your application.

This next bullet is applicable to
all organizations, but absolutely,

but more so applicable to organizations
that reside within the U.S. Virgin Islands,

but again, as I said, it is applicable across
all organizations applying for funding.

So if applying to provide services outside
of the primary district or area where your,

where the applicant organization,
applicant organization is currently located,

or in a district where they do
not currently provide services.

So you reside in an area and you're proposing
to provide services, let's say one county over,

in an area where you have not
previously provided services,

then you must establish a relationship with
the host organization located in that area,

where the services are proposed to be
provided, the services must be provided

at the host organization location, or the lead
organization, or lead applicant organization,

must hire staff from the host organization
and/or contract with the host organization

to provide the proposed services.

What we don't want is for an organization
located in one MSA, in one county,

in one MSA to cross over into a
completely different county that,

in a completely different county that
they have never provided services,

they do not have an established relationship
with the community, the community is not aware

of the services, and expect to be able
to successfully implement a program.

We want to make sure that you
are providing services in areas

where you have provided before, although
you may be enhancing or increasing the level

of services provided, but you should
not be going into a brand new community

that you have never provided
services and expect to be able

to successfully implement your program

without having established
relationships within those areas.

So we will keep going, and of course,
we have the webinar conference call,

that will be your opportunity to
ask any questions that you have

on the information that we've discussed.

Again, as I mentioned earlier, we're going
to break this presentation up into two parts,

so that it's not so much information or
information overload, and that way you can sit

down at your leisure and view one part of the
presentation, and then at a later point in time,

view the second part of the presentation.

So the next few slides will focus on high,
the high-impact HIV prevention programs,

specifically talking about the
components of the 15-1502 program.

So 15-1502 has two categories, two categories.

The difference between the
categories is that category A focuses

on providing HIV prevention services for members
of racial or ethnic minority communities.

So your target population that you
identify is based upon the race

or ethnicity of the population.

Category B focuses on providing HIV prevention
services for members of groups at greatest risk

for acquiring or transmitting HIV
infection, regardless of race ethnicity.

So, again, category B focuses more on the
risk and it's regardless of race ethnicity.

Okay? Understanding that there might be, in
your proposed primary/secondary populations,

there may be some overlap in some instances,
but when identifying the category which you,

the applicant, view as the
applicant organization, will select,

please take these things
into consideration, category,

category A is based upon racial
ethnic minority communities,

and category is based upon risk
regardless of race ethnicity.

So, in the past, we've always allowed
organizations approximately 6 months start

up time.

However, we wanted to make sure we,
and provide very specific guidance

on what the programs structure will look like

and what our expectations were
for program implementation.

So 15-1502 is broken out into two phases.

The first phase is the development phase, which
is July 1, 2015 through December 31st, 2015.

It is during this phase that you're
finalizing, there's finalization

to your approved HIV prevention program.

So the HIV prevention program that you write

in your application is not
necessarily the final approved program.

For example, if you request 450,000
dollars and you're awarded 400,000 dollars,

then there might be some slight tweaks
that need to be your presentation.

There may be tweaks that need to be made
to your performance measures or the targets

that you identify that will assist you
in meeting the FOA performance measures,

and so this is all done during
this, during this process.

You will receive notification from the
program prevention branch once your,

your program has been approved.

So you will have an idea at the time

of your budget discussion what your approved
HIV prevention program will look like.

Also during this, during the development
phase, we expect you to see all staff hiring

and training process, we want to give you
time to hire staff to bring them onboard,

familiarize them with agency processes, but also
to go to any trainings that they need to attend

in order to effectively implement the program.

This is also the time when you'll complete
the strategic plan for enhanced CBO capacity.

This is where in working with directly-funded capacity building assistance providers,

funded out of the capacity building branch within our division, each organization,

each funded organization will be assigned a [inaudible] provider.

That [inaudible] provider will work with you via phone and in person to ident,

to complete an assessment to identify your short-term, your intermediate and your long,

your long-term technical assistance needs.

Based upon these interactions and the completion of the assessment,

a strategic plan will develop, be developed,

and that plan will really guide your capacity building

and technical assistance needs throughout the project period.

Understanding there may be needs to prioritize various [inaudible] needs

or additional [inaudible] needs will come up and you'll have the ongoing discussions

and you'll be working closely with your project officer, but again, this strategic plan

for [inaudible] is meant to serve as a foundation and a blueprint

for guiding your organization and supporting the successful development and implantation

of your 15-1502 HIV prevention program.

Additionally, during the development stage,

you'll finalize your work
plan and the evaluation plan.

The funding opportunity announcement asks that
you provide a detailed work plan for year one,

and then they ask you to provide
a not so detailed work plan

for the subsequent years, years 2 through 5.

In addition, in your FOA, in the
narrative and in the work plan,

you will provide an evaluation plan
that really talks about your plans

for data collection, reporting and submission.

However, once organizations are funded, you will
work closely with the prevention program branch

and the program evaluation branch and
develop a detailed evaluation plan

that further supports your work plan.

Again, we will provide all the additional
information, and we'll begin that work

at the beginning of funding,
and that work will continue

through the grantee orientation
meeting and beyond.

So, again, your FOA just needs to
provide a basic evaluation plan,

and this information is provided within the
FOA, but the detailed evaluation plan coming

after you have been awarded funding.

The second phase is the implementation phase.

And this begins January 1,
2016, and goes for the duration

of the project, through June 30th, 2020.

And so there are very specific expectations
that we have, but again, we wanted to make sure

that these expectations we're
documented and that we were very clear

on what our expectations
were of funded organizations.

So for year one, July 1st, 2015 through
June 30th, 2016, funded organizations are,

must achieve at least 75 percent
of each FOA performance measure,

and we'll talk about the FOA
performance measures as we move

through the required program components.

Beginning in year two and for all
subsequent years, awardees are expected

to meet and/or exceed all
FOA performance measures.

Now we understand there may be challenges or
various situations that arise that may result

in organizations not being able to
meet the FOA performance measures.

That's okay.

The prevention program branch, your prevention
program branch project officer will work

with you in the development of a
programatic corrective action plan.

Corrective action plans are
not meant to be punitive.

The programatic, programatic corrective
action plan is really meant for you to sit

down with project officer to identify the
challenge and then to identify multiple ways

in which this challenge or the issue can
be addressed via technical assistance

from your project officer,
directly-funded capacity building assistance,

assistance provided for others.

So, again, it's not meant to be punitive, but
it is meant to give some direction and guidance

on how to meet and how to make some
progress in meeting the performance measures,

and the programmatic corrective action
plans and time-based and very specific,

they have very specific action
steps on how to move you forward

to improving program performance.

Additionally, organizations are actually,
are, are expected to allocate funds

to attend the grantee orientation meeting
at year one, and actually this meeting will,

will take place during the development phase,
however, we're asking in the development

of your year one, the budget's that
you submit with your application,

we're asking that you allocate
funds to support travel to Atlanta,

because this meeting will be held in
Atlanta for three to five days, and it's a,

it should support three staff persons,
additional guidance on the type

of staff persons, or the, the individuals, the
various roles of individuals that should attend,

will be provided, however,
we wanted to make sure

that your year one budgets do account for this.

Additionally, during the implementation phase,
we want to make sure that you're allocating

and you have funds to attend all
CDC-required meetings and trainings.

An example of a CDC-required meeting would be
like HIV prevention leadership summit, HPLS.

Required training will be all those
trainings that support the implementation

of your approved 15-1502 program.

Okay? So the next few slides now will focus very
specifically on the required program components.

So this slide provides an overview of
all the required program components.

So basically you, your, your application should
respond to each of these components, again,

please make sure you follow the
directions specifically listed

within the funding opportunity
announcement to help

in the formatting of your, of your proposals.

Excuse me.

So this slide, again, this is nothing
new, it just really provides a visualize

of the required components of your program,
and we'll go through each one of these.

What I want to draw your attention to are those
two red boxes, specifically the box related

to prevention with HIV positive persons.

Organizations, once you allocate for
HIV testing and you subtract that amount

from your total requested amount of funding, you
must utilize 75 percent, or allocated 75 percent

or more of those remaining funds to support
your HIV prevention program component

for HIV positive persons.

When you look to the right of that, you, you
see that, once again, once you have removed

or subtracted the amount of
money that you're going to use

to support your HIV testing program, then
you can, you may allocate up to 25 percent

of those funds to support your HIV prevention
with high-risk HIV negative persons.

Again, keeping in mind, there
is a required component for HIV,

HIV prevention with high-risk negative persons,
so all of your proposals must include funding

to support prevention with high-risk
negatives, and must clearly describe what

that component of your program will look like.

The project overview, this
really orients, orients us,

or the orients the reviewer,
excuse me, to your program.

And before I really go into
detail I want to just reiterate

that 15-1502 is a new funding opportunity
announcement, therefore, it's a new competition.

So when writing your proposals, if you are
currently a CDC directly-funded organization,

please make sure that you're developing
your proposals in a manner in which there,

you do not assume that the individuals reviewing
your program know you, or that you assume

that individuals from CDC
are reviewing your proposals.

I'll talk a little bit more about the
review process towards the lateral part

of the presentation, but this
is an objective review process,

so please write your applications
as if individuals are not,

have never heard of your organization, are
unaware of your programs, you want to be able

to give them a comprehensive vantage
point of what your organization is,

what your organization does,
and more specifically,

what you are proposing to do
with your 15-1502 program.

So within the project over, overview, first,

you should be utilizing your health
department jurisdictional HIV prevention plan

to select your target population.

Again, if you're, if the
jurisdictional HIV prevention plan has,

lists five party populations, and you
choose a target population that is not one

of those five party populations, so that
means your, you are not aligning your program

and you are not complimenting the HIV prevention
efforts within your respective jurisdiction.

So no 15-1502 proposal should include
target populations that have not been,

been identified by the epidemiological
data within your respected area,

as they should not include organizations
that are not listed or supported

by the epi data within your jurisdiction.

Well, again, we're also asking you,

asking you to utilize state and/or local
epidemiologic and surveillance data first.

If you want to use national data as, to
further support your proposal, that is fine,

but your proposal should be based
upon the data and the, the HIV,

HIV infection within your
respective jurisdictions.

Within this section, also you want to
talk about the justification of need.

Why is this program needed in your area?

What other services exist
for your target population,

and how is your proposed 15-1502
program going to enhance the services

that are currently available
to your target population?

This is also the section where you talk
about other programs and services available,

how you will not be duplicating effort with,

within your jurisdiction,
and things of that nature.

So please make sure that you provide
a very comprehensive justification

of need for your program.

Again, this is setting the tone
for the rest of your proposal.

And then you must also have a consumer
or com, community advisory board.

And so with your CAB, we're not saying that you
have to establish or, or build a brand new CAB.

If you have an existing CAB, that's fine,
what you must keep, take into consideration

and remember is that for
the purposes of 15-1502,

members of the target population must
comprise at least 75 percent of the CAB.

So if you have an existing community advisory
board and the composition is not reflective

of the requirements of 1502, if you decided
you want to create kind of a spin-off

or an ad hoc CAB that's directly responsive to
15-1502, that is fine, whatever you think is,

fits best within your organization,
the main component being that members

of a target population must comprise at least
75 percent of the community advisory board.

Additionally, those remaining members,
not include, or not directly reflective

of your target population, must have
experience working in HIV prevention or care,

and experience working with
the target population.

This section also talks about and, and asks you
to respond, you know, to [inaudible] how you,

how your program will ensure
cultural competence and sensitivity.

We don't want, for example, an
organization that, who works primarily

with African-American MSM [phonetic], we
want to make sure that the staff and the,

the staff is pro, is culturally
competent and culturally sensitive,

that the staff had the experience
working with the target population,

but also that you built relationships with
stakeholders, we don't want organizations

that have never worked with
the target population,

or they have limited experience
proposing to implement programs working

with a specific target population, and, hence,

the eligibility requirements
related to the 24 months experience.

And then final, final staffing, and this
deal, also ties into the cultural competence

and sensitivity, but you want to make sure
you're able to describe that staff, whether,

what will be the staffing requirements.

What will be the staffing experience, how
is your staffing, you know, as appropriate,

reflective of your target population.

This next section talks about and
focuses on the formalized collaborations.

So really with, there's an increased focus
on formalized collaborations, because, again,

we're really focusing on implementation
of high-impact HIV prevention programs

that are responsive, responsive to high-impact
prevention approach, but also responsive

to the national HIV/AIDS
strategy and HIV care continuum.

So in being responsive to these initiatives,
you want to make sure that your programs

and your focus on enhancing existing and
establishing new formalized collaborations

that are supported by detailed
specific service agreement.

So service agreement that maximize reach,
you really want to maximize the reach

and maximize your resources so
there's less of a duplication,

more of a coordination within
respective jurisdictions.

Increased coordination and
collaboration and to support the provision

of comprehensive HIV prevention services.

With this FOA, you are required to
establish service agreements and memorandums

of understanding or, or memorandums
of agreement.

The different with this, with this FOA, again,
there's an increased focus on HIV prevention

with HIV positive persons, specifically
linkage to and reengagement in care.

So in order to further support and
to be...the HIV care continuum,

you want to make sure there's service,

that you have established service
agreements with HIV medical care providers.

Now this is required with the application,
the application requires that you,

that you submit at least one service agreement,
and within the FOA, we're very specific

about what must be included
within the service agreement,

but feel free to add additional points or
clarifications that you feel you would need

to support this agreement between
you and HIV medical care provider.

So, again, at least one signed and
executed service agreement must be,

must be submitted with your application.

Additionally, at least one signed and
executed MOU or MOA must, with a prevention

and essential support service providers is
required to be submitted with your application.

So, again, we want to make sure that
there's a continuum care of services,

so for HIV positive individuals,
you have a service agreement

that supports individuals being
linked or reengaged into medical care.

It's not saying that they have to receive their
HIV medical services from those individuals,

but we're saying if an individual does
not have a preferred medical care provider

or a medical care home, that you
have a, an agreement in place

to link those individuals to HIV medical care.

In terms of the prevention and
essential support services, if I,

if I'm an HIV positive individual
and I don't have housing,

my number one concern may not
be medical care at the time,

it may be making sure I have
a roof over my head.

And so you want to make sure that, you
know, based upon your target population

and what you know to be the needs of your target
population, and what your tab and your stake,

community stakeholders have told you
related to gaps and services or needs

for the targeted population, you want to make
sure that you're looking to establish agreements

with organizations and help, that
can help to provide the services

that are needed by your target population.

And, again, you must submit at least one, if
you have more than one executed healthcare,

HIV medical care service agreement, or more
than one executed MOU or MOA with a prevention

and essential support service provider,
then that is fine, you can submit those,

but you must submit at least
one with your application.

We also, of course, expect you organizations
to collaborate with the health department,

the HIV planning group, other CDC grantees, and
other federal agencies as appropriate, and then,

of course, any other organizations
external to the CDC

that may not have been captured
in those other categories.

So, the CBO HIV prevention partnership.

So this is new, we've heard loud and clear about
our partner engagement and activities with CBO's

and health departments and other entities,
really allowing organizations the ability

to partner to strengthen their applications
and to strengthen the continuum of care.

So we've embedded within this, or included
within this FOA, the CBO prevention partnership,

which is optional, you really want
to look at your target population

and this services provide,
currently provided, and how whether,

and whether it's mutually beneficial for
you as an organization, your partner,

partnership members, as well as your target
populations, if it's mutually beneficial to come

in and consider applying as a partnership.

So with a partnership, again, there is
only one lead applicant organization.

CDC is only going to fund one
organization, and that organization

that is funded will be CDC's grantee.

However, you might with, within the
partnership, there can be a maximum

of three CBO's per partnership with one of those CBO's being the lead applicant organization.

Organizations may participate in up to two partnerships, which you may serve

as the lead agency for only one partnership.

So, for example, if I am CBO [inaudible], and my organization does an excellent job with testing

and navigating individuals to prevention and essential support services.

However, CBO X across the street is also a CBO, a non-profit 501(3) CBO,

but they have a clinic embedded within them, and they're really good at linking individuals

and reengaging individuals into HIV medical care, then I may decide I want to partner,

I want to form submit an application as a CBO HIV prevention partnership,

with CBO X across the street, and so that will be one of my partners, so you really look

at what services, what are the strengths of each organization, and how can the strength

and services that can be provided by each of the agency, help to strengthen

and be responsive to the requirements of 15-1502.

CBO's may apply for funding as an individual applicant, and they participate as a member,

not the lead applicant organization, of one partnership.

Plug in, that goes back to the second
sub-bullet, is that if you choose to apply

as an individual organization, you may say,
hey, CBO [inaudible] is a one-stop-shop,

all the requirements of this funding
opportunity announcement I'm able to do

within my organization, so I'm going to apply,

by myself as an individual
applicant organization.

However, CBO X across the street
may have, may be really good

at providing very specific services.

Some testing, some targeting
testing, within a target population,

and then the navigation services,
but maybe not as strong as you are

with the target HIV testing, and the
linkage of your engagement and care.

So that organization may come to
you and say, hey, CBO [inaudible],

will you partner with this, we're proposing
to work with this target population,

we know you have experience and history
working with this target population,

and because you have all of the wrap-around
services, we would like to form a partnership.

That is okay, again, it's just
that no one organization can apply

as the lead applicant organization once,

which goes back to each organization
can only submit one application.

Now a lot of the questions we've
gotten over the past couple

of weeks while doing the
face-to-face pre-application workshops,

have asked if you apply, if, if my organization,
CBO [inaudible], applies to provide services

under category A, and then CBO X makes asks
me to partner with them as a CBO partnership

where they're serving as the lead organization,

but they are applying under
category B, is that okay?

Yes, that is fine.

When is, when looking to identify
partners, you want to make sure

that those partners have a history or have
worked with your target population before,

are culturally competent, and
can provide the needed services.

The category that one organization,
the category that I apply

for as the lead applicant organization,
which was category A, has no direct impact

on the category that CBO X will apply for.

So long as everyone has a history and experience
working with the proposed target population,

it just may simply be that African American
MSM is not the primary target population

of one organization, but that organization
does, in fact, work with that target population.

And then also all partnership members
must meet all FOA eligibility requirement.

So that means all, all part, all partnership
members must be 501, 501(c)(3) non-profit public

or private organizations, other than
institutions of higher education, and they must,

they are located and have, and have a history of
providing services in one of the eligible MSA's,

specifically in the eligible MSA where
the lead applicant organization is.

They must meet all of those
eligibility requirements.

All of the required documentation,
such as the HIV testing documentation,

must be completed based on the behalf and
based on the lead applicant organization.

[ Background Sounds ]

I apologize, this, this screen
had a little animation,

but we'll still be able to do this scenario.

Again, given this is the first time that we've
allowed for partnerships, we wanted to make sure

that everyone had a clear
understanding of the partnerships.

So CBO AB 501(c)(3) is applying
as the lead applicant organization

for a CBO HIV prevention partnership.

Okay? CBO 501, CBO AB 501(c)(3) is
proposing to partner with CBO ABC 501(c)(3),

and CBO, I Learn Fast University.

So based upon that scenario, the question would
be do all the proposed partnership members meet

the FOA eligibility requirements,
and again, I apologize for this slide

because the animations are not working,

but remember the two proposed partnership
organizations were CBO AB 501(c)(3)

and CBO I Learn Fast University.

So based upon that scenario, know all

of the proposed partnership members do
not meet the eligibility requirements,

because CBO I Learn Fast University is an
institution of higher education, and remember,

institutions of higher education
are not eligible for funding.

That includes any entities that are under the
umbrella of an institution of higher education.

So if there's a 501(c)(3) organization, but
it's under the umbrella of university A,

they are not eligible for funding under 15-1502,
they can, and they are not eligible to serve

as a partner under, on a 15-1502 proposal.

The second question, will this
application be considered for funding?

And the answer is no.

If all of the organizations,

all of the partnership organizations do not
meet the stated eligibility requirements,

we are not going to go through each
application to see what component of the program

that organization was responsible, responsible
for and simply remove that component.

Again, all of the organizations,
including the partnership,

must meet the eligibility requirements.

So if that one, or if that one organization,
if the lead applicant organization,

CBO AB 501(c)(3), submitted an application,

and that application included
I Learn Fast University,

that entire application would
be deemed non responsive

because that one organization does
not meet the eligibility criteria.

Well now you see some of
my animations are working.

The next section or the next required component
is program promotion, outreach, and recruitment.

So, within this section,
we're, we're expected all

of our community-based programs will develop
some type of program marketing campaign.

Basically, you're marketing your campaigns so
your communities are aware of your programs,

they understand and they're aware
of the specifics of your programs.

We're not saying to go out and
develop new marketing campaigns.

The division of HIV/AIDS prevention, prevention
communications branch has a wide array of very,

of different social marketing
campaigns that are available for use,

you're able to take those campaigns and brand
them with your organizations information,

so we're not saying, we're not asking you
nor do we expect for you to allocate funds

to support brand new marketing campaigns,
however, we do expect for you to market your,

to market your programs within your
community, and in market, we say we're,

you're promoting your program, so
members of your target population know

that these services are available, they
know the staff that work with your program,

you should be a mainstay within your community.

We're also expecting organizations to develop
new outreach and recruitment strategies

that incorporate input from your community
advisory board and your community stakeholders.

Again, we don't want you to develop,
to develop a program that has not taken

into consideration the needs or the
views of your target populations.

In the development of these strategies, we
want you to use a combination of innovative

and traditional strategies, so
absolutely traditional outreach works,

we're not saying that you cannot
do that, but we're also saying

that we want you to use innovative strategies.

The one requirement is that all CBO's
must use social networking strategies.

There is training available through the
capacity building branch, organizations can,

wants funding can submit requests
specifically for social networking strategies.

However, in another presentation, if you have
not viewed, I would strongly encourage you

to view it, would be the presentation by Maria
[inaudible] from the capacity building branch,

in which she talks about
obtaining capacity building

and technical assistance
throughout this process.

So you do not have to be a directly-funded
community based organization to,

to request technical assistance, specific,
especially if it's related to 15-1502,

we've developed a process
that allows you to do that.

We also, again, want to make sure that you're
promoting, you promote your program awareness.

You can visit www.

effective interventions.

org, there are a multitude of resources
available to assist you with the development

and implementation of a program
promotion outreach

and recruitment strategies,
this component of your program.

So this next section is targeted HIV testing.

After we finish targeted HIV testing,
again, we'll take, I guess a little break,

and then we'll start part two
of the presentation for 15-1502.

So with targeted HIV testing, organizations
must conduct a brief risk assessment,

and provide a brief, and provide brief risk
reduction education messaging when appropriate.

So we're saying you have to conduct a brief
risk assessment, because we want to make sure

that you are actually reaching
your target population.

We want to make sure that you are
targeting your services to the population

that you've identified as your primary, and if
you have a secondary, your secondary population.

And once you've done that brief risk assessment
then you're doing a brief risk reduction

education messaging, and so we're saying
brief risk reduction education messaging, in,

and this focuses on the delivery of
test results and factual HIV education.

So we're not talking about the counseling,
we're delinking, we're delinking the counseling

from the testing, but we're talking
about providing factual education,

or factual information, such as the
transmission, how HIV's trans, transmitted,

the window period, and various risk
reduction messages...or methods, excuse me.

After testing is completed, then you're
expected to offer clients a variety

of high-impact prevention, so it's HIP
interventions and services, as appropriate, and,

again, that will be based upon
the needs of your clients.

In establishing, in looking to establish
performance measures, we really looked at,

again, focus on lessons learned, and taken into,

into consideration the information received
during our partner engagement activities,

what the perform, what an
appropriate performance measure,

most appropriate performance
measure for 15-1502 would be.

So we've set that performance measure

that at least 6 new HIV infections
per every 50,000 dollars allocated

to support HIV testing annually.

So organizations must set, they must
identify at least six new HIV infections,

per every 50,000 dollars
allocated to support HIV testing.

And that's not, so, for example, if
you request, again, 400,000 dollars,

and of that 400,000 dollars, 100,000
dollars will be allocated towards testing,

then your performance measure for testing
should be based upon that 100,000 dollars.

Again, keeping in mind that
the, the funding you,

you allocate for testing should include your
staffing, the ordering of your test kits,

any supplies, anything related to
testing, that's your HIV testing budget.

Now that being said, in the report
organizations are funded and the review

of your final programs, make sure
you're establishing realistic

and feasible performance measures.

Because if an organization that, you know, may
say we're going to identify 6 new infections,

or 12 new infections, but we see that you have
the capacity to do more, and your funding,

your funding, you know, is
not necessarily appropriate

to cover the proposed testing program, then
there will be discussions related to the amount,

amount of funding you have
allocated, if that's sufficient

to cover your testing program the way
it's written and the way it's approved,

and then based upon that amount, then,
are, is the number of new infections

that you've identified appropriate and
feasible and realistic for your organization.

When setting your performance, your targets for
HIV testing, or, for HIV, yeah, HIV testing,

excuse me, you must remember
that you must primarily,

your HIV testing must primarily serve
members of the proposed target population.

More specifically, the FOA indicates at least 75
percent of individuals tested must be a member

of your selected target population.

Again, our, the programs, our HIV testing
programs are meant to be targeted HIV testing,

they are not meant to be general or meant
to be used for routine testing, okay?

In doing, in saying that, you should not
turn anyone away, but in ident, in targ,

in establishing your programs, you should
be using local data to identify those areas

where your target population
resides or frequents,

and then you should be doing a brief risk
assessment, and then you need to be able

to clearly determine how, you know, how you'll,
how you will make sure that the majority

of individuals that you're testing
are from your target population.

So if you test a thousand people, your target
population is African American heterosexual

women between the ages of 18 and 24
who are commercial [inaudible] workers,

and when you report to a data test, we see that
900 of the 1,000 tests that you conducted are

with Latino Hispanic MSM, then we're going to
say, hey, there's a slight, you know, what,

what's going on, why are the majority
of your testing with this population

when you've identified this population
as your primary target population.

So make sure they went in, working with
your health departments and looking at data,

that you're targeting in those right
areas, and as once we get to that section,

we'll talk about the enhancements that we
have made to the, to the documentation,

support documentation that must
have come in with your application,

it says that your health department
will provide you with appropriate data

to help you better target
your prevention efforts.

Okay, so we have one more, I think
this is the last scenario slide.

CBO B proposes to implement a comprehensive,
high-impact HIV prevention program, that we,

that will be supported by a
total budget of 400,000 dollars.

CBO B is proposing to allocate 150,500 dollars

to support the target HIV
testing component of the program.

How many new HIV infections should CBO,
CBO B propose to identify annually?

So remember, again, this, this performance
measure is based upon organizations identifying

at least 6 new HIV infections per every 50,000
dollars allocated to support HIV testing.

So in this instance, CBO B has allocated 150,500
dollars to support their HIV testing program.

So, and, and the answer, the
organization should identify between 19

to 24 new HIV infections annually.

So we're not looking for a,
for you to give us this range.

So between this range of 19 to 24, we're
expecting you to identify a finite number,

so CBO B will identify new, will
identify 20 new HIV infections annually.

Again, this table, that was mentioned on
this, on the previous, the previous slide,

this slide right here, gives you an example,
a breakdown of if you allocate this much,

this is how many infections, new infections
you should identify, or this is the range

of new infections that you should identify.

Again, those new infections should be identified
based upon your organizational capacity,

geographic location and your target
population, but again, they should be realistic.

So this next slide talks about
complimentary activities,

so activities that you can implement
utilizing 15-1502 dollars as a compliment

to your targeted HIV testing program.

So we have here couple's
HIV testing and counseling.

This is optional.

Organizations do not have to
implement this, this activity, however,

if you find that your organization works with
a lot of couples, or you have a lot of couples

that come in to be, requesting
to be tested together,

then this is an option that you want to explore.

Dr. Charles [inaudible] will talk more
about couples HIV testing, counseling,

in his presentation, so if you have not
viewed that, I would encourage you to do so.

I would also encourage you to visit effective
interventions .org to learn a little bit more

about couples HIV testing and counseling.

If this, if this is an option that
you're thinking of considering,

you're considering using,
I just want you to know,

you do not have to attend a couples HIV testing
training in order to develop your application.

You can, you can go to the effective
interventions .org to make you,

make sure you have a good understanding
of the program, or of this activity,

and you can also submit a
capacity-building assistance request,

and there's a specific request that
teaches you, or that walks through how

to select behavioral biomedical
instructional interventions,

and that will give you a better insight as
to whether this may be appropriate for you.

Additionally, we have integrated, excuse me,

an additional complimentary
activity is integrated screening.

Now this is required and optional.

So how is it both?

So the next couple of slides will tell
you what the expectations are related

to integrated screening activities,
and what organizations or what types

of organizations its required
for, versus what organizations,

or what types of organizations its optional for.

Okay. So integrated screening activities.

And so 1502 allows organizations to
utilize up to 5 percent of their funds

to support integrated screening activities.

So that is STD, hepatitis,
and/or tuberculosis screening.

You do not have to do all, you can do one,
you can do two, or you can do all of them.

It's up to you.

However, these screening activities must
be done in conjunction with HIV testing.

So, integrated screening is required for
organizations considered to be a clinic,

that primarily serve the LGBT community
or that serve a large number of MSM

as their primary target population,

and these organizations are
organizations with existing capacity.

So, again, its requirement for organizations
that are considered to be clinics,

who primarily serve LG, the LGBT
community, or a large number of MSM

as their primary target population, and these
organizations must have existing capacity.

If your organization is, is captured under this
category, but you do not have existing capacity,

then you must have a service agreement
in place with a clinical provider

to provide these screenings, so you
would be referring these individuals,

as needed to the clinical service provider.

If you are an organization that
has a clinic embedded within you,

so your organization has a clinic embedded, it's
fine, you may say, hey, we're going to refer

to the care side of the house, that's fine, we
still would just need to do a service agreement

with that side of your organization, saying hey,
our prevention program has a referral or an,

an agreement with our care side,
and they will refer individuals

who warrant additional screening
activities here.

That's fine.

However, with the utilization of these
funds, these funds cannot be used

to support clinical care, which means they
can be used to treat individuals, how,

or to buy medications, however,
they can be used to support staff.

There may be staff that provide these
services, there may be staff that will provide,

help get the clients to these
services, you can use funds to support.

You can also use funds to actually buy
these, the kits, the screening kits

that actually conduct the test, but that's
as far as it can go is the actual conducting

of the test, they cannot use the
funds to support treatment, okay?

So the next two options talk about organization,
how this, this is an option for them.

So organizations with the existing capacity,
regardless of their target population,

may request they utilize up to 5 percent of
their funds to support integrated screening.

So this may be an organization in the
past that has been funded and, funded by,

let's say their health department, to do maybe,

let's say blood draw to,
for testing for syphilis.

Even if they no longer have the funding, the
capacity, they still maintain the capacity

because they have staff that are trained, staff
that are able to do these different services.

If that's the case, that is fine.

You can request, utilize up to 5
percent of your funds, in your proposal,

you just have to clearly describe the type
of integrated screening that will be done.

So will you do blood draws, what, what type of
integrated screening activities will you do?

Again, it must be done in
conjunction with HIV testing.

So we also understand our organizations

that may have never conducted
integrated screening activities before,

and again, this is fine, it's optional.

But for organizations that do not
currently possess the capacity

to conduct integrated screening, but that have
the desire to conduct integrated screening,

you may allocate up to 2.5 percent of
total funding in year one to help you

in the development of your infrastructure
to begin providing integrated screening.

And in the development of that infrastructure,
that's, you know, working with your state

or local health department to make sure
you're following all the requirements related

to training and processes and
protocols, whatever need to be in place,

and we're also saying that
your training must be completed

within the first six months of funding.

We worked really closely with the division
of STD prevention to develop this language,

so there will also be additional technical
assistance that will be available through them.

If you're funded, we just ask that
you work with your project officer

to help facilitate some of
that technical assistance.

Once, after year one, once the
capacity and trainings have been,

capacity have been developed, trainings,
that all trainings have been completed,

organizations may then request to
allocate up to 5 percent of their funding

to support their continued integrated
screening activities for the subsequent years.

Again, this is optional for
the two organizations,

organizations to have the capacity, but not
necessarily working with the LGBT community

or they have a large MSM population,
and also considered to be clinics,

or organizations that don't currently possess
a capacity, but have a desire to do so.

Okay, this is key, I've said
this quite a bit, but, again,

collaboration with your health
department jurisdiction

in which the applicant organization
resides is required.

So, for an example, in some instances, CDC
funds may be a city and a state entity,

or health department jurisdiction, so let's use
New York City and New York State for example.

The way it's set up, organizations
that reside in the city report directly

to New York City Department of Health.

Organizations that reside outside of the city
report to New York State Department of Health.

So, again, a collaboration with
the health department jurisdiction

in which the applicant organization
resides is required.

Okay? CBO's must collaborate
with the health department

to discuss their targeted HIV testing plans.

Again, at the beginning of this
presentation, I talked about making sure

that your target populations, and your,
are identified based upon the data included

in your jurisdictional HIV prevention plan, and
making sure that your CBO HIV testing program,

what, really your entire
1502 program is a compliment

to your jurisdiction's HIV prevention efforts.

And in ensuring that it's a
compliment, you want to make sure

that your health department is aware of
your testing plans, to make sure, one,

that you're following all established
policies and protocols that are in place,

to make sure that your program is responsive
to all those processes and protocols,

but also to make sure you under, you understand
the expectations relating to HIV testing

in your respective jurisdiction,
which includes data reporting.

Okay? You want to ensure that the proposed
HIV testing activities meet all local, state,

and federal requirements for HIV testing.

And this is in reference to attachment C,

which is your health department target HIV
testing partner services letter of agreement,

and attachment D, your letter of intent
from a physician for state regulations,

for an HIV testing activity, if required, again,
this is, your health department will state

in their letter if this is required, if it is,

then we'll look to see a completed attachment D.
You must also collaborate with various entities

to support utilizing advances in HIV
testing, and HIV testing algorithms

to improve the detection of early and acute
HIV infection when feasible and appropriate.

The key words being when
feasible and appropriate.

We are not saying that organizations have
to go out and do these things on their own,

we're saying organizations should
collaborate with their health department

when it makes sense, and it may depend
upon a type of CBO that you are,

whether or not these things are feasible.

However, if your health department
follows a certain HIV testing algorithm,

then you might want to make sure that you're
doing, you're operating within the scope

of what your health, your state or local
health department expects you to do.

And, again, with this bullet,
considerations given

to the capacity of the applicant organizations.

So, again, we're not saying that
all organizations must do this,

we're saying you should collaborate
when it makes sense

and when it's feasible for you to do so.

And, again, this takes, what
must, primarily what must be taken

into consideration is the
capacity of your organization.

CBO's must collaborate with the health
department to initiate discussions.

Initiate discussions on establishing processes

that support the confirmation newly-diagnosed
HIV positive individuals, identified by the CBO.

So what does this mean?

We're not saying that organizations or
CBO's have to take, take the lead on this,

we understand this is a much larger conversation
that must be had between health departments,

and CDC, these are also discussions that must
be had internally, between prevention programs

and surveillance programs
within the health department,

but what we're saying is
you initiate discussions,

you talk to your health department
about, you know, is this something,

is this is a process that's in place?

Is this a process that's being considered,
there's input or ideas that you have,

you're initiating these discussions,
because we want to make sure

that if your performance measure is based
upon new HIV infections, then, you know,

we want to make sure that there will
be, their process is being considered

to determine whether these
individual, these individuals

or these infections are actually new infections.

And so, again, we're saying, initiate these,
these discussions with your health department.

You must collaborate with your health
department to develop strategies to collect

and report required HIV testing
data in accordance with state

or local health department
guidelines, and CDC data requirements.

So all HIV testing data must
go to your health department.

But you want to make sure that you understand
your health department's data, data collection

and reporting requirements,
what those processes are.

Additionally, a lot of health departments, they
like to assist CBO's because funding is limited,

so they may, for example, offer you
a certain number of HIV test kits

to assist you with your HIV testing efforts.

However, before you accept those test kits,
you want to make sure, and have a conversation

with your health department, so you know
where those numbers will be reported, so if,

if your health department offers to
provide you with, with in kind test kits,

is their expectation that you will give,
that you will report those numbers to them

so that they can then report them to CDC
under their cooperative agreement with us, or,

is expectation that the health department
saying, here, we, we're providing you

with these test kits, you can, you, you
are, it's fine for you to report these,

these numbers under your 15-1502
cooperative agreement with CDC.

Here and why, the here [inaudible] is why it's
so important for you to have conversations

with your health department, to make sure
that everyone is on the same page related

to expectations relating to data reporting,
submission, etc. And then also, when appropriate

and feasible, explore opportunities
for seeking reimbursement

and to determine whether third party
reimbursement makes sense financially.

This will not make sense for every organization,
we do not expect every organization to go out

and develop this, these elaborate billing
systems, we're saying, if it makes sense,

your health department is a resource
for you, they were there to support you

and to provide you with technical assistance
as the CDC, but go to your health department

and have these conversations with them.

We also expect CBO's to collaborate with the
health department to refer HIV-infected clients

to partner services, provided in accordance
with local and/or state regulations.

Again, in that HIV testing and a
partner services letter of agreement,

the health department will tell us whether

or not organizations are
allowed to do partner services.

If we say no, then the expectation is that
you will refer all HIV positive individuals,

newly diagnosed and those previously
diagnosed, but not in care,

to your health department for partner services.

If your health department says, yes, they
are able to do partner services, then we ask,

what component of partner, what component of
partner services are, is the CBO able to do,

so they will know what your, entire
program looks like, so we want to make sure

that we're operating within what is allowable
by your state and/or local health department.

We're also asking, or saying that you should
collaborate with your health department

to develop a referral network of PrEP and nPEP
clinical service providers to support referral

of high-risk HIV negative persons.

So [inaudible] work with your health department,
there may already be a network of providers

that offer these services, and so that way you
know who these providers are, you're able to,

your health department's able to assist you
in establishing a relationship with them, so,

again, that's the part of your, of your
15-1502 program, in which you are able

to refer high-risk HIV negative persons
to these services as they are needed.

Again, participate in state and/or local
[inaudible] processes, as required by the local

or state health department jurisdiction,

where the primary location of
the organization is located.

So participation in the HIV planning
group process has always been required.

How, however, the participation,
the level of participation,

is dependent upon what is allowable
within your respective jurisdiction.

So, yes, you should be attending the meetings,
but we're saying you need to know up front

and have these conversations with your health department regarding what the expectations are

for participation.

CBO's must collaborate with their health departments to support the integration

of HIV prevention activities with H, with STD, adolescent and school health, viral hepatitis,

and TB screening and prevention services whenever feasible and appropriate.

So we're not saying that there's a mandatory, that there,

it's mandatory that you establish relationships, we're saying you should work

with your health department, and when feasible and it makes sense, you should have these type

of relationships and/or collaborations established, because you may have individuals,

for example, adolescents and school health program, that works, primarily works with youth

who are maybe members of your target population, and the school of health program is looking

for additional services or programs, to refer these individuals to,

or if there's an established, if there's an established relationship,

then it's an easy referral process and it's an easy transition for that student

from his adolescent and school health program to your program, but it also provides, again,

a continuum of services and
that addresses those prevention

and essential support needs of the client.

So, continuing the collaboration
with the health departments,

let's collaborate with the health
departments to establish contact

with other organizations serving the population
in a proposed area, again, we don't want a lot

of duplication services, we want to make sure
that you're maximizing your, your resources,

you're maximizing your reach, and you're able to
explore partnership opportunities related to HIV

and STD prevention and other
health and wellness approaches.

So, again, you're maximizing your reach.

We do not expect you to do everything with
your 1502 funding, and it's not realistic

or feasible, so we're asking to
work with your health department

to help establish these relationships.

Collaborate with your health
department to develop a navigation

and prevention [inaudible] support services
components of your program to align with

and compliment existing efforts within
the health department jurisdiction.

So you don't want to reinvent the wheel, you
also want to make sure that your navigation

and prevention and essential support
services component is responsive to all

of the requirements within your health
department jurisdiction, so we want to make sure

that you're collaborating
and you're working with them,

to let them know what your program will look
like so they can then inform as appropriate.

So in all of these slides, we say
collaborate with the health department.

So we're not saying that the
health department's, we're saying,

we're asking to collaborate and work,

we're not saying that the health
department should prescribe

to you what your program looks like,
and each program will be unique,

will be based upon your organization,

and will be based upon the
needs of your target population.

However, the expectations that your
collaborating with your health department,

your health department is aware of your program,

and they're able to offer
additional information, resources,

and guidance to help strengthen
your proposed program.

Again, we're also saying identify
specific areas where hard to reach,

high-risk populations reside and are
frequent, and this bullet goes directly

with the last bullet, obtain a written
agreement that supports providing the CBO

with the necessary data to identify and target
HIV prevention services and areas most impacted.

And, again, this is the health
department, and, in attachment G,

the health department letter supports,
and I mentioned this in the beginning

of the presentation, this is where
we've, we've included a statement

within the health department letter of support,
that, in which the health department agrees

to set, agrees to providing the CBO's or funded
organizations, well actually all organizations,

excuse me, applying for 15-1502
with the appropriate data needed

to target their programs and
to enhance their programs.

So if you're funded, your health
department's agreeing to provide you

with this data throughout
the life of the project.

And so at this point, we're going to take a
break, and then when we begin with part two,

we'll come back and start with the comprehensive
HIV prevention for HIV-positive persons.

Thank you so much, and I hope you found the
information provided thus far to be helpful.

[redacted]